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Recreation in Industry

By ANN HODGKINS

IN 1910 the Amalgamated Garment Workers in Chicago went out on strike. Among the many posters which they carried expressing their grievances was one marked by genius, which read: "We want bread and roses too." This desire on the part of the working world "for roses" as well as bread seems to me to be the keynote of the industrial situation today. We have educated our people through our splendid school systems to desire physical and spiritual luxuries which many of their parents did not know existed, and we cannot fail now to satisfy their desires.

Let us analyse the conditions under which the great majority of our people work today, and enumerate the reason why it is necessary to provide recreation artificially.

1st—We have become largely a race of city dwellers. In fifty years the proportion of people living in villages and cities has grown from three to fifty per cent. Woods Hutchinson says "The groves were not only man's first temples, but his school houses as well—and still are. Two-thirds of all education should be gleaned out of doors." People who live in congested streets and dark apartments without even a yard of earth to call their own have little opportunity to study nature first hand.

2nd—The economic struggle of most households makes large families impossible; therefore, the family circle is no longer self-contained, and the few children find it necessary to go outside the home for companionship and entertainment. The large city provides no natural group of friends and relatives as the country did, and it falls to the duty of the community organizer to provide an artificial group.

3rd—The necessity of mass production due to changed industrial conditions and increased population has taken away the joy of work. Work has become for the great proportion of people a monotonous drudgery, using for the most part only a small number of muscles and requiring little or no mental exertion. Some industrial experts suggest that the industrial problems in many cases would be solved if the worker could check his superfluous mentalities at the gate and go to his work unencumbered by them. With no pleasure to be derived from the eight or ten hours work, is it little wonder that the industrial worker often demands pleasures that are over exciting, and sometimes vicious, to satisfy his benumbed senses?

4th—The hours of labor must be constantly decreased to give everyone work. With each new advance in industrial machinery many men are thrown out of employment, and in order to provide enough work to go around, the hours of labor must be shortened.

With each decrease in the working hours comes an increase in leisure time. The problem of the twentieth century is not the creation of wealth: the nineteenth century took care of that; nor the distribution of wealth; nor the conservation of natural resources. These problems cannot be solved by an uneducated people. The task of the twentieth century is so to use the leisure time that we may produce an educated people capable of solving these problems. Comparatively few people get much out of their leisure time and these are usually the odd and unusual persons,

chiefly self-trained, because we have been largely concerned with teaching people how to work. Teaching people how to play is a new and unusual task and we must do it, for leisure is on the increase, and unless we teach people how to use it, it will surely become a destructive agent.

These are some of the factors which have brought about the conditions we find all over the country today, or as you would say, these are the poisons. What are the antidotes?

1st—Let us provide more open spaces—parks, gardens, zoos, summer camps. We cannot interest people in the beauties of nature which they have never seen.

2nd—It is the duty of cities to provide playgrounds and community centres where families may enjoy wholesome recreation. Arthur Pound says: "We must not become like Greeks and Romans in their decline—a nation of bleacherites who gaze upon the professional baseball players in the stadium and the professional dancing girls on the stage. Vespasian built the Coliseum that all Rome might become bleacherites, and three hundred years later the barbaric hordes from the north crashed through to sack a dissolute Rome. No wealth or science can save a people from decline when the amateur spirit has gone completely to seed." Education should not stop at the age of sixteen years. Everyone should have a hobby and a place where it may be developed. Schools are not the property of school boards: they are the natural gathering places. They should be used not only for night schools but for recreation centres for the young and old as well. This is the day of preventive medicine and we must give people a chance to work off superfluous energy. Playgrounds and recreation centres are as necessary to a city as the fire department—both are preventive agents. Music, drama, arts, crafts, dancing, can all be educational factors.

3rd—As regards work: employers should have as few blind alley jobs as possible. Make work interesting by charts and education—showing the workers the part each man plays in the whole system. The worker will finish his day in a condition fit to enjoy his hours of leisure if fatigue is eliminated to a minimum by having working conditions of the very best.

4th—In order to produce adult men and women capable of getting the most out of their leisure hours, we must begin in our schools and give the children proper motor education. It is in his play hours, not in his school hours, that the child acquires his habits and hobbies which will stay with him through life. We may analyse our ideal of education—what is its object?

Is education an end in itself, or is it a period of instruction which fits us for life? If we think of it merely as an accumulation of facts—then obviously play has little to commend it as an educational factor. Play will not teach us geography or arithmetic. We shall not master Greek and Latin by playing baseball; and if education consists in acquiring information regarding foreign cities, geometric theorems or languages, then play is not education—but we may well question this ideal of education. Is there any considerable object in the butcher, the baker, and the housewife knowing these things? Is it important that any of these folk should know all the important cities of Asia, cube root, Latin, Greek, or the theorems in geometry? For some who make curricula learning may be an end in itself, but to the great mass of mankind knowledge is useful only as far as it promotes efficiency in the practical affairs of life, and it would seem that many of the things taught us in our schools have little to commend them to the industrial workers or the housewives who constitute nine-tenths of the product of our public schools.

(Concluded on page 739)

— Editorial —

Her Heritage

When listening to a lecture recently delivered in Convocation Hall, University of Toronto, by the Rt. Hon. H. A. L. Fisher, M.P., late Minister of Education, England, the subject being "Our Heritage," quite naturally my mind reverted to the nurse of today and to the heritage which is hers. By "heritage" we understand something of which we have become possessed, for which we have not labored: something on which those who have preceded us have expended time, and energy, and thought, or for which they have toiled, or endured, or sacrificed. Take, for example, that great and noble woman—who was also refined, cultured and courageous — Florence Nightingale, and the work to which she devoted herself: not only on behalf of the soldiers of the British Army, but more especially in connection with the organization of systematized training for nurses in St. Thomas' Hospital, London. That great work which Florence Nightingale began, together with her teachings and example, and which has been continued through succeeding years, by generations of nurses who have sought, however imperfectly, to follow in her footsteps, belongs to the nurse of today! It is her heritage!

Because they were true to the light which was theirs, the nurse of today is able to do her work amid conditions of greater comfort and advantage: she has "entered into their labors." She receives her training in hospitals and schools provided with everything which science and invention can suggest, and is surrounded with everything which conduces to comfort and convenience, as well as to social and educational uplift.

And not only so, but when she bids adieu to the comfortable home and congenial companions which have been hers for so long (if among the number of those who have made the most of their opportunities) becomes aware of the fact that she is possessed of a training so varied, and an equipment so complete, that she is in a position to specialize, should she so determine. Opportunities for service in many directions await her choice—private, public, social, administrative, educational or literary. Then, too, she may find in any or all of the now existing fraternal organizations exercise for her latent talents. Her own Alumnae extends to her a welcoming hand, as do also, the Provincial, National, and International Associations of Nurses. All of these, and much more, the nurse of today inherits. What will she do with her patrimony? What *is* she doing with it? It is a talent entrusted to her, to be used not only for herself but for others who will fol-

low her. Will she multiply it—ten, twenty, an hundredfold? "Life is not a diamond, but a seed with possibilities of endless growth."

"But once I pass this way,
And then—no more.
But once—and then the Silent Door
Swings on its hinges—
Opens . . . closes—
And no more
I pass this way.

So while I may,
With all my might,
I will essay
Sweet comfort and delight
To all I meet upon the Pilgrim Way,
For no man travels twice the great Highway
That climbs through Darkness up to Light,
Through Night
To Day."

"Freely ye have received, freely give." (Matt. 10-8.) "And Jesus went about . . . . healing every sickness and every disease among the people. And when He saw the multitude He was *moved with compassion.*" (Matt. 9-35 and 36.)

Mary A Snively

Are You Going to Helsingfors, Finland, Next July?

Nurses in all five continents, in virtually every country where skilled nursing is practised, are at present discussing whom they are going to send as their delegates to the Congress in Helsingfors, July 20-25, 1925, who of them are going to attend the meeting themselves, and finally, how it is possible to get there? Letters with the most interesting stamps arrive daily, some from nurses who attended international meetings many years ago and who are very eager to go again, and some from young graduates who have heard rumors that the Finnish nurses expect hundreds, yes, perhaps thousands, of nurses of different colors, races, and creeds, coming from 30 to 35 different countries. The rumors are true, and Baroness Mannerheim, the prominent Finnish nursing leader, and the International President, is actually making extensive preparations, because, as she says, the late War has had such enormous influence on the development of nursing education in almost all civilized countries, and as we have not had any International Congress since 1912, we all do need to meet again to see the solutions of our own problems against the background of those of other nations.

The Canadian Nurses' Association became a member of the International Council as early as 1909. It has always taken an active part in the promotion of international co-operation; one of its enthusiastic leaders being Miss Snively, who for a while was the Hon. Treasurer of the Council.

The burning question now is, "How do the Canadian nurses get to Hels-

ingfors?" A question I shall try to answer in a few words. Helsingfors is not so far away as most people seem to think. We have been in communication with the Cunard Steam Ship Company Limited, who run a regular service of steamers both from Montreal and Quebec, as well as from New York. The American Nurses' Association are hoping to raise a sufficient number to justify a cabin steamer sailing from New York with an "all nurse" passenger list, direct for Helsingfors, and arriving there in time for the opening of the Congress on July 20th. The Canadian nurses will, of course, be able to join this ship should the sailing materialize. In any event, there will be a cabin ship sailing from the St. Lawrence as well as from New York, on a suitable date to reach Finland in time by connecting with another steamer to cross the North Sea. The rate to Helsingfors will be about $152.00 to $166.00, so do not be afraid of the journey. You will certainly be able to make it in comfort and at a very reasonable cost.

The language of the Congress will be English and the large meetings will be open also to guests who are interested in nursing questions without being nurses themselves. Many trips to the Scandinavian countries, the Baltic States, England, France, Germany, Switzerland, and Italy are being planned, and the rates are considerably reduced for groups of 10-25 persons. Return fare on cabin steamers from France or England to New York or Montreal any time during the Summer or Fall, varies from $120.00 to $135.00—and up if special accommodation such as private bath is desired. The estimated expense from Montreal or New York to Helsingfors and return—a month's trip—including passport, board, and lodging in Helsingfors will be about $400 (this quotation does not include railroad fare from Montreal to New York and vice-versa).

If you are planning to go, please write Miss Jean Wilson, Executive Secretary, National Office, C.N.A., 609 Boyd Building, Winnipeg, Manitoba, at your earliest convenience, stating:

1. Your name and address.

2. The date you expect to return to Canada.

3. What countries you wish to visit during your stay in Europe.

4. If you will be prepared to pay an installment of $50.00 February first, and another of $100.00 April first, and the remainder including cost of post-Congress tours three weeks before sailing from this continent?

Further information concerning trips to different countries in Europe will be available through Miss Wilson. These trips are considerably cheaper than corresponding ones in this country. Anyone who wants to avail herself of this opportunity, please write Miss Wilson at your earliest convenience, and plan to pay your first installment the first of February.

(Sgd.) CHRISTIANE REIMANN,
Hon. Secretary,
International Council of Nurses.

(See also page 760)

A Daughter of Canada

(Concluded)

By JEAN E. BROWNE

The Ceremony at Frogmore in 1909

WHEN arrangements were being made for the International Conference in London, the President of the International Council sent the following announcement to Miss Snively: "To Canada will be offered the privilege of placing a wreath on the tomb of the late Queen Victoria. Should Canada for any reason not see fit to accept this honor, it will be passed on to some other national organization." Needless to say, Canadian nurses were happy to accept such a great honor.

Court formalities required that a letter be sent to His Majesty, King Edward VII., requesting that the Canadian representative be allowed to place a wreath on the tomb of the late Queen Victoria at Frogmore. This request was most graciously granted, notwithstanding the fact that a similar privilege had been refused two of His Majesty's nephews a fortnight previously.

On Saturday morning, July 24th, 1909, the Canadian delegation, in company with 400 delegates from all nations, left London for Windsor, the former for the purpose of laying a wreath on the grave of the late Queen Victoria at Frogmore.

Arriving at Windsor, a group picture of the Canadian delegation was taken. A drive of one mile brought the delegation to Frogmore. Only Canadians were admitted to the Mausoleum. As President of the Canadian National Association of Trained Nurses, it was Miss Snively's privilege to place the wreath on the tomb of the late Queen Victoria, and to make a short address. The foundation of this wreath was purple stock, fringed with lily-of-the-valley, decorated with orchids, stephanotis, purple iris, and the maple leaf, to which was appended purple ribbon with the following inscription in gold letters:

"In loyal, loving, and tender memory of our Empress, Queen Victoria, an offering of heartfelt homage and undying devotion, from the Canadian National Association of Trained Nurses."

The following address was given by Miss Snively at Frogmore, when placing the wreath on the tomb of Queen Victoria, July 24, 1909:

"By the permission of His Most Gracious Majesty, King Edward VII., it is our exalted privilege this afternoon to stand reverently beside the tomb of the greatest of English monarchs, Victoria, Queen of Great Britain and Empress of India.

"As loyal British subjects, we recall with pride and satisfaction the grandeur and power of her kingdom, and the wonderful wisdom and progress which characterized her reign

over many races and peoples, but above all these, we delight to remember the womanly gentleness of her character, and that every effort for the alleviation of human suffering found a ready response in her sympathetic nature. These qualities have enthroned Queen Victoria in the hearts of her subjects, not only in England but in her dominions across the seas.

"In the name, therefore, of the Canadian National Association of Trained Nurses, and as their representative, with loyalty and reverence, I place this tribute of heartfelt homage and undying devotion, from the trained nurses of the Dominion of Canada, on the tomb of our late, beloved Sovereign, Queen Victoria."

After the nurses had viewed the beautiful interior of the Mausoleum, they joined the other representatives in their visit through Windsor Castle. Before leaving Windsor for London, the following telegram was sent to His Majesty, King Edward VII.:

Windsor, England,
July 24, 1909.

To the Lord Chamberlain,
St. James' Palace.

If permissible, will you kindly convey to His Majesty the King the loyal gratitude and devotion of the President and members of the Canadian National Association of Trained Nurses for His Majesty's gracious permission to place a floral tribute as an emblem of the heartfelt homage and undying devotion of the Trained Nurses of the Dominion of Canada, on the tomb of their late, beloved Sovereign, Queen Victoria.

Reply

Lord Chamberlain's Office,
St. James' Palace S.W.,
July 28, 1909.

Madam: I am desired by the Lord Chamberlain to inform you that your telegram of appreciation of His Majesty's permission to visit Frogmore Mausoleum, together with the address of thanks from the Canadian National Association of Trained Nurses, have been submitted to the King.

I am, Madam,
Yours faithfully,
(Signed) DOUGLAS DAWSON,
Comptroller.

The Canadian delegation was informed that it was requisite that the address presented by their President at the tomb of Her Late Majesty, Queen Victoria, at Frogmore, be illuminated and sent to His Majesty, King Edward VII. Miss Snively complied with these conditions. A duplicate of this address, beautifully executed by W. Lockwood, 75 New Bond Street, London West, together with a framed photograph of the wreath, both the property of the Canadian Nurses' Association, may be found at the National Office, 609 Boyd Bldg., Winnipeg, Manitoba.

Some days after the illuminated address had been forwarded to Buckingham Palace, Miss Snively received the following letter from the King, signed by the late Lord Knollys, His Majesty's Private Secretary:

Buckingham Palace.

Madam: I am commanded by the King to thank you and the Canadian National Association of Trained Nurses for their address.

His Majesty has had great pleasure in giving them permission to visit the Mausoleum at Frogmore, and he is much touched by the words you make use of in your communication in regard to Queen Victoria.

I am, Madam,
Your obedient servant,
(Signed) KNOLLYS.

And thus ended a week which will live long in the memories of all who were privileged to attend the Congress.

Miss Snively's Interests Since Retiring From Hospital Work

Miss Snively stayed on in the hospital until July, 1910, when her successor was appointed. In August, 1910, she sailed for England. She remained abroad for fourteen months, staying in England, Ireland, Scotland, Germany and Switzerland.

While abroad, Miss Snively attended the triennial meeting of the International Council of Nurses held in Cologne. She presided at one of the sessions of this Conference.

When Miss Snively returned, she settled in Toronto, where she has lived quietly ever since. Her trained and alert mind has found its outlet in church and social service work.

Miss Snively is a devoted member of St. James' Presbyterian Church and has taught a Chinese class in Sunday School for the last twelve years. She was President of the Women's Missionary Society of St. James' Presbyterian Church for a number of years.

The Toronto Nursing Mission, a purely voluntary organization, which provides nursing for the sick poor, made a strong appeal to Miss Snively's trained sympathies. She has directed the activities of this organization, as President, for the last four years.

Very few of Miss Snively's most intimate friends know of the missionary enterprises which she carries on abroad. At nine years of age, she became intensely interested in missionary work. At that time, some missionary, who evidently understood child psychology, started the project of selling shares at ten cents each in a missionary boat, called the Morning-Star, which was to convey a missionary from one small island to another in Formosa. Mary Snively bought two shares, and, at the same time, began her life interest in missions. Twenty-eight years ago, she commenced her serious work by helping two native women in India to be educated in a medical college. After their graduation, she assumed the whole responsibility for another girl medical student. Later on, she arranged to pay the salary of a bible-woman in Formosa and she has supported her ever since. Seven years ago, she started a school for children in one of the neglected villages of China.

In order to carry on all these good works, Miss Snively has had to sacrifice the luxuries of life, but anyone who has had the privilege of seeing her eyes sparkle as she tells of the twenty-five little children who are being educated in her school or of the ministrations of the bible-woman, can readily realize the compensations of her sacrifice. These are the things in life that count for her. In fact, if Miss Snively were writing the chronicle of her own life, she would say that she had been merely a humble and willing instrument in the hands of the Lord.

Her watchword throughout life has been, "I will go before thee, and make the rugged places plain; I will break in pieces the doors of brass and cut in sunder the bars of iron." (Isaiah 45, 2.)

As this little chronicle goes to press, Miss Snively has just passed her seventy-seventh birthday, but she is not old, nor will she ever be. Hers are the gifts of the alert and fertile mind, vivid imagination, forceful personality, and that intangible something we call "charm." These are the life-giving and joy-giving elements which the passing of the years can never sully.

And so we claim a place for this Daughter of Canada among the great women of history. This much we know, that in the future of Canada wherever the nurse carries her gentle and scientific ministrations to the sick, wherever the public health nurse teaches the prevention of disease, wherever a hospital opens its doors to the needy, there will be felt the influence of this "Mother of Nurses" in Canada.

The British Association

By COLONEL G. G. NASMITH, C.M.G., PhD., D.Sc.

IN hot weather I usually wear a panama hat because it is the coolest and most comfortable kind of hat obtainable. Consequently, on the first morning of the British Association meeting in Toronto this August, as soon as I had crossed the University lawn I felt that I must be among people who felt as I did, for on every side were men wearing panama hats. These scientific people evidently put comfort and health before style, I thought; they have the courage of their convictions. I further surmised that they would not wear evening dress on sultry summer nights. I was mistaken. They did —to a man.

In the Library building where everybody registered it was unnecessary to ask such questions as "Where shall I register?" or "How can I find out when my train leaves for the Pacific Coast?" Large signs with arrows pointed to capable looking men and women. Both signs and people performed their specific duties quietly and effectively. I have never seen a convention so thoroughly well organized as the British Association. Ninety - four years of experience has not been wasted and nothing was left to chance. Each member registered in the section in which he was most interested but was free to attend any section he pleased. At the last meeting of the British Association which I attended in the quaint ancient-walled city of York in England seventeen years ago, I read a paper before the Physiology Section. As there is no Public Health Section in the British Association I again joined the Section of Physiology, the science upon which hygiene and public health are largely founded.

There was much handshaking and greeting of old friends and acquaintances among men in this realm of science which knows no boundary, creed or nationality. A few weeks before, I had attended one meeting of another convention and the contrast in the type of people attending it and in the methods employed in the convention were remarkable. The scientists gave one the impression of modesty and soundness even by their very manner. The other convention could best be described as "half-baked". In it there was much tearing about, enormous waste of energy, inefficiency—the inefficiency of people who were the reverse of scientific but tremendously enthusastic. The publicity of this other convention was so poor, that as far as the local public was concerned, there might as well have been no convention.

The publicity of the British Association was remarkably good. Advance copies of papers had been forwarded to the local committee beforehand and abstracts prepared for their own journal and the newspapers. As each paper was read, the carefully prepared and popularly written summary was released. The papers gave much space and apparently printed most of them unaltered. There were no garbled reports by cub reporters looking for sensational headlines. There were no explanations or apologies to be made by scientists who had been misunderstood or misreported. What is more,

the public read the scientific material as it appeared in the press. The writer noted what men were reading and what they were talking about at the time and it was usually about some topic then being discussed by the scientists. Why not? It made fascinating reading even to the-man-on-the-street for it was interesting and it all had a practical bearing on life.

These were the two predominant qualities of the scientific papers. They were interesting, because they were well written by men who knew their subjects, and they had a practical application to people's lives. If the subject were Geology, it had a bearing on our Canadian mines; if Anthropology, the importance of certain factors upon the health and efficiency of the British race; if Physiology, on longevity, health and national efficiency; if Psychology, on immigration and education; if Education, on the health and efficiency of our Canadian boys and girls; if Physics, on the problems of acoustics, voice production and the structure of matter; if Botany, on the problem of conserving our forests from disease; if Chemistry, on the increase of crops, war devices, manufacturing; if Zoology, on fisheries and the nature of life; if Economics, on the problems of the race and their development; if Agriculture, on our basic Canadian industry, farming.

I did not attend all the meetings in my own section, but attempted to get as much from the Association as I could wherever I could. Consequently, the world being my field, I attended lectures in physics, geology, anthropology, physiology, psychology, and educational science, and reluctantly had to miss others. As all sections were conducting meetings in different buildings, or different lecture halls of the same buildings simultaneously and, as it is not yet possible to be in two places simultaneously, I was compelled frequently and reluctantly to make the choice between two or more good lectures.

In addition to the daily sectional meetings there were held three general evening meetings in Convocation Hall, four "citizen lectures" controlled by the local authorities and three lectures to children, which I heard were delightful.

Scientific conventions like the British Association where scientists meet to discuss their own and each other's discoveries have two effects. They act as an inspiration and a stimulus to the scientists themselves, and particularly to the younger men who are fortunate enough to hear them, and they create in the public at large an appreciation for, and an approval of the scientific work being done by these patient workers who toil perhaps year after year on the solution of obscure problems. Never before, I suppose, have so many Canadians come to the conclusion that scientists are not impractical dreamers but, on the contrary perhaps, the most practical class of men in the world. When the man on the street learns that a physicist like Sir Charles Parsons has transformed modern ocean transport through his application of the laws of physics to marine engines; when they realize that years of patient laborious medical researches of a man like the President, Sir David Bruce, have resulted in the saving of countless thousands of lives and opened up vast areas of territory in Africa to human habitation; or, when he learns that a group of young scientists headed by Banting and McLeod, through patient, laboratory investigation have discovered the means of conquering the disease Diabetes which carried off tens of thousands of people annually, he then is willing to acknowledge that there may be greater things in life than the acquisition of wealth. He begins to think that possibly his in-

come is dependent on one of Parson's marine inventions; or some discovery in dyeing made by a chemist; or a method of growing better crops made by an agricultural scientist; or a means of treating refractory ores made by a metallurgist, or even that he is alive because of the patient scientific labors of a Pasteur or a Lister.

The sympathetic interest and approval towards scientific investigations aroused in the public by meetings like those of the British Association is most valuable. It is valuable because that very sympathy and approval will result in the expenditures of more money in helping to build scientific laboratories and paying scientific men to carry on research to an ever increasing extent. Without this public attitude of approval there will be no increase of expenditures forthcoming from members of parliament, who reflect the attitude of the people who elect them.

The British scientists are very practical and their methods are thorough. Their meetings did not begin and end with Toronto. They began at Quebec. They held special meetings in Montreal and Ottawa. They investigated the interglacial deposits around Toronto; they travelled to Niagara to see the hydro-electric power development. After the meeting one party made a trip by canoe and on foot to see the forests in Timagami. Another party visited the silver mines of the Cobalt region and the gold mines of Porcupine. These parties were there met by other parties from Toronto and the united force in two special trains set out for the Pacific Coast. They stopped at Winnipeg and other cities farther west. They gave lectures and interviews on our forests, our crops, our methods, our immigration laws, our mineral wealth. They believe in trying to help us with our problems, and we are glad to receive their advice.

The British Association for the Advancement of Science, through the interests its members have displayed in Canadian problems relating to health, population, resources, and education has, I believe, done far more good, and has created more practical encouragement to scientific investigation than any recent half-dozen associations or conventions held in Canada. The increase of scientific research in Canada and its practical application to our industries, our resources, and our life will undoubtedly result in an increase in our prosperity, our health and our happiness.

(Continued from page 730)

Let us, therefore, provide the proper motor education for the children, that they may develop healthy habits and hobbies, which will make it possible for them in later years to enjoy the hours of leisure, which improved machinery and decreased hours of labor provide for them. And by a well planned system of private and municipal recreation give the workers a share of the "roses" which is their rightful due, that their lives may be happier, healthier, and more normal.

Note—All contributions to "The Canadian Nurse" must be received not later than the **tenth** of each month, and items for Nursing News must be received at the National Office before the fifteenth of the month for publication in the ensuing issue.

The Care of the Premature Baby

By HELEN M. KELLEY

IT may safely be said that the premature infant of a few years ago had only a hit-or-miss chance of surviving, as the incubator was almost the sole dependence in trying to save them. The incubator may have supplied the necessary heat, but what was most essential, namely oxygen, was totally lacking. The modern premature room, which is so successfully and generally used in the present day, has practically solved the problem of saving the lives of these tiny babies.

To instal a premature room, the heating is of first importance. In addition to the ordinary heating system in the room, a steam radiator must be added, as an even temperature of 85° must be maintained. During the summer months, when the heating plant is not in operation in the hospital, the steam radiator supplies the necessary warmth. It would be a simple matter to connect the steam radiator with the ordinary steam pipes used for supplying steam for sterilizing.

A wall thermometer that is easily read should be attached to the inside of the glass panelled door, so that the temperature of the room can be ascertained without entering the room. In addition to warmth, ventilation is of supreme importance. In a hospital where the system of ventilation provides for the changing of the air in the room by forced ventilation this would be sufficient. Otherwise, when ventilation must be secured from the windows, care should be taken to avoid all draughts. This can be done most successfully by a system of double windows, the outside window being opened at the bottom and the inside one at the top. In order to provide the air with the necessary moisture, have tins constructed which will hang on the radiators and these tins must be kept filled with water at all times.

As a precautionary measure against infection, each baby is in its own cubicle, a glass partition being used for this purpose. The dimensions of this glass are 58 inches high and 36 inches wide, each cubicle being three feet square. The glass is held in place at the top by fitting into a nickel rod which is attached to the wall, and at the bottom, brackets are used to hold the glass partition to the floor.

This room, and everything that comes in contact with the baby, must be scrupulously clean. All cleaning and dusting, including the floor, should be done with wet dusters, no brooms or brushes being used. Visitors are not permitted and no nurses are allowed in the room except those responsible for the care of the babies. The nurse must wear a gauze mask covering her nose and mouth while giving the babies any nursing care. It is very essential that anyone with even the slightest cold should not be admitted to the room.

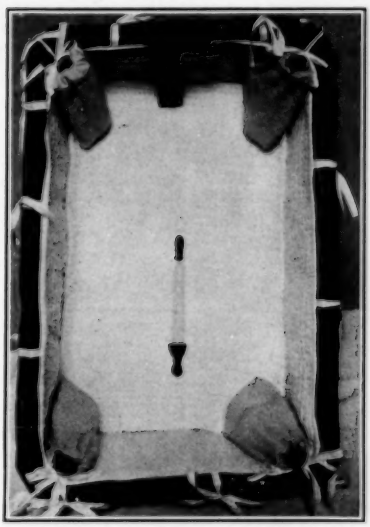
Since the premature baby's lungs are not fully expanded, the babies are made to cry four times a day, as atelectasis, which is lack of proper lung expansion, is so often the cause of these babies not surviving. Breast milk is practically an essential for the premature infant, but if impossible to obtain, the feeding must be ordered by the physician in charge.

During the first three days the breast milk should be diluted with sterile water, equal parts, gradually increasing to full strength by the fifth or

I.—Jacket for Premature Infant.

seventh day, depending on the weight of the baby. A small baby, under three pounds, may not be able to take full strength breast milk before the eighth or ninth day. To conserve the baby's energy, it is fed by means of a medicine dropper or a Brecht Feeder. These feeders may be purchased ready for use, but can easily be made from a glass syringe, the piston rod of which is removed, a small nipple attached to one end and a rubber bulb on the other. By means of the rubber bulb the milk is gently dropped into the baby's mouth and all it has to do is to swallow. The regularity and interval of feeding must be strictly adhered to, namely, every three hours both day and night. The progress these babies make depends entirely on the conscientious, careful, nursing care given to them. As every drop of milk they take is vital to their existence, the very greatest patience is required in seeing that the feeding ordered is taken. It must not be forgotten that water is required between feedings at least three times a day.

To further save their energy the daily sponge bath is omitted and in its place an olive oil rub is given to stimulate metabolism; the sponge bath being given once a week only. The baby is weighed daily and after the first four days a gain of from four to six ounces per week should result. As loss of heat means loss of weight, the baby is dressed in a jacket made of absorbent cotton and gauze. (See illustration I.) The temperature must be kept normal, and it may be necessary to use a hot water bottle in the crib. Throughout the winter months the baby's temperature is taken every



II.—Improved bassinette for Premature Infant. Brecht Feeder shown in bottom of basket.

four hours, at other times twice a day is sufficient.

The baby's crib should have a firm mattress and be lined with a heavy

quilted material to guard the baby from all draughts.

In adapting these methods to the home the first essential, heat, is supplied by securing a clothes basket, lining it with a blanket or padded lining and suspending from each of the four corners a glass bottle filled with hot water and securely stoppered. These bottles are placed in flannel bags which are securely tied to side of basket. A thermometer should also hang in the basket. (See illustration II.) It will be necessary to choose the warmest room in the house, where the sun enters. The room should be well ventilated and, of course, scrupulously clean. A cubicle may be improvised by placing the basket in a corner of the room and protecting it by a screen. A vessel of water is placed on the radiator or near the entrance of hot air to the room to provide the moisture. The same precautions should be taken in wearing a mask while attending the baby and also for the exclusion of all visitors.

It is very difficult in the home to secure an even temperature throughout the night and to provide the same nursing care that is given during the day, which, of course, is most essential. For these reasons, the premature infant will have a much better chance of surviving if taken care of in a hospital during its first few months of life.

A Comparison of the Value of Milk and Oranges as Supplementary Lunch for Underweight Children

By MARGARET S. CHANEY, M.A.

THE study of nutrition among school children has a recognized place at the present time. The physical fitness of our future generations is dependent upon the proper feeding of the children of this generation.

Investigations have proved conclusively that malnutrition is not confined to the poorer classes alone, but that the children from all classes of homes suffer to a greater or less extent from the effects of improper nourishment.

It is not a problem restricted to any one group of children in the school, but one which includes a certain percentage of the entire student body.

Alarmed by statistics revealed in recent investigations of malnutrition and underweight in school children, School Boards and Parent Teachers' Associations throughout the country have been taking steps to study and correct the existing situation.

One of the usual and most common methods employed is the feeding of a mid-morning lunch to grade children about 10 a.m. during the forenoon recess, generally consisting of milk.

Recently, an interesting feeding experiment was conducted in the Claremont Public School at Berkeley, under the direction of the University of California, by Margaret S. Chaney, M.A., of the Laboratory of Household Science of the University.

The Claremont School is located in a typical American middle-class neighborhood. The economic factor was therefore eliminated to a large extent.

The children of this school were weighed and examined for physical defects which might interfere with normal growth. It was found that

33 per cent. of all the children in the school were 7 per cent. or more underweight.

After the identity of the children who were 7 per cent., or more, underweight had been determined, this group was assembled and the purpose of the test explained to them. In this manner voluntary co-operation was obtained, and each child chose, so far as possible, the type of mid-morning lunch he or she desired.

The lunches were administered during two eight-week periods, October 23 to December 15 and January 8 to March 2. The feeding was done on school days only and at the forenoon recess. No attempt was made to check on or alter the diet at the child's home.

These underweight children were divided into groups: the first group being given a mid-morning lunch consisting of one-half pint of milk and two graham crackers; the second group, one medium-sized orange and two graham crackers; the third group one-half pint of milk, one medium-sized orange, two graham crackers; the fourth group, one-fourth of a pint of bottled fresh fruit orangeade, two graham crackers; and the fifth group no mid-morning lunch, to serve as a check on the experiment.

At the end of the experimental periods the following weight gains were found in the various groups:

In conclusion, Miss Chaney summarizes the results of the experiment by saying that:

"A comparison of growth variation in underweight children as influenced by different types of supplementary lunches has been made. The children were free to gain as far as could be determined by physical and dental examination. The economic status of the majority of the homes permitted the provision of adequate food. The results seem to demonstrate," continues Miss Chaney, "that:

1. "A mid-morning lunch is of value in overcoming a condition of underweight in children.

2. "Oranges, as fed to the children in this investigation, seem most efficacious in producing a gain in weight. This may be due to the vitamin content of the orange.

3. "Milk, while it produces a favorable increase in weight, is not the only food valuable for the mid-morning lunch. The less marked gain in weight which milk produced in this test may be due to its lack of the antiscorbutic vitamin and to its retarding effect on the appetite.

4. "Concentrated bottled orange juice appears to be of marked value in stimulating growth in the underweight child. While it has not proved equal to fresh oranges, it is quite effective, and may, if the fresh fruit is not available, supply the vitamins necessary for growth.

	Winter (8 weeks)			Spring (8 weeks)		
Lunch Taken	Expected Gain for Each Child, Kg	Observed Gain for Each Child, Kg	Percentage of Gain for Each Child Above that Expected	Expected Gain for Each Child, Kg	Observed Gain for Each Child, Kg	Percentage of Gain for Each Child Above that Expected
Orange	0.579	1.397	141.27	0.529	1.152	117.76
Orangeade	0.599	1.122	87.31	0.534	0.945	76.96
Milk	0.458	0.945	106.33	0.509	0.911	78.97
Milk and orange	0.481	1.066	121.62	.....	.....	.....
Nothing (Check group)	0.537	0.690	28.49	0.544	0.589	8.27

"Milk and oranges taken at the same time appear to stimulate growth at a level slightly higher than milk or orangeade alone, but not so much as do oranges."

An important reason for the efficacy of oranges as compared with milk in producing growth, Miss Chaney points out, is the fact that milk tends to depress the appetite for other foods, while oranges tend to increase it. Also, the children are more likely to receive sufficient milk at home than they are oranges.

"The fact that another food may be used in the place of milk," says Miss Chaney, "may be welcomed by many whose children do not take milk because of an aversion to it, or who object to the school lunch because of its depressing effect upon the consumption of food at home. The orange lunch, instead of decreasing total food taken, is likely to increase it.

"Another point in favor of the oranges," Miss Chaney adds, "is the ease with which they may be handled, since no preparation is necessary before they are sold."

(An Abstract from the American Journal of Diseases of Children, October, 1923—Vol. 26, pp. 337-348)

Red Cross Home Nursing Classes in Canada

By R. E. HAMILTON, R.N.

IN order to meet the demands from all parts of Canada for knowledge in care of the sick in their homes, the Canadian Red Cross decided to organize Home Nursing Classes throughout the Dominion.

The work is being carried on as part of the Peace Time Programme of the Red Cross for the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world.

Much of the care of the sick at home must of necessity be done by the women members of the family, and it is of the utmost importance that the simplest nursing procedure be taught in the right way. It is to help these women of Canada who do not know, but want to know some of the simple things about home nursing. that classes are being formed in our country.

A Manual for Home Nursing Classes has been edited by the Canadian Red Cross Society and has been approved by recognized authorities in the medical and nursing professions. This small book of one hundred and twenty-eight pages may be used as a text book during the course, will supplement the practical instruction given in the class and will be used as a book of reference in the home after the course is completed.

Wherever possible, it is desirous that the classes be organized through the local branches of the Red Cross; but in localities where no Red Cross branches exist, the class may be enrolled under the auspices of any women's organization, such as the I.O.D.E, the Women's Institute, the Women's Organization of Grain Growers, the Home and School Association, the Girl Guides, the

Y.W.C.A. or any group of women or young girls wishing to receive this instruction.

The teacher of the class must be a graduate nurse living in the community and not actively engaged in her profession, or, if so, willing to devote some of her spare time to volunteer health teaching. Many nurses have already made a ready and hearty response to the call of the Red Cross to aid in this valuable community service. Frequently, the Public Health Nurse or the Victorian Order Nurse of the town, busy as she is, has volunteered to assist the regular teacher by taking the classes on "Infant Care" and "The Feeding of Infants and Children." As this is her specialty, she is the one best qualified to give this instruction.

The course consists of twelve lessons of two hours each, held weekly; each period to include a short lecture by the teacher and the remainder of the period to be devoted to practical demonstration and practice by the members of the class. From twelve to twenty members make an ideal class and it is desirable that they should be of the same age group. The course is primarily educational and must not be considered as a preparation for the profession of nursing.

The subjects of the course are usually taken up in the order presented in the Manual:

1. Introduction; Health in the Home.

2. The Bedroom in Health and Sickness.

3. Signs of Sickness.

4. The Care of the Patient.

5. Feeding the Sick.

6. Treatments.

7. Communicable Diseases.

8. Emergencies and Slight Ailments.

9. Maternity Nursing.

10. Infant Care.

11. The Feeding of Infants and Children.

12. Review.

There is a nominal fee of $1.00 a member, which provides a copy of the Manual and meets incidental expenses connected with the course.

In large centres with an active Red Cross branch, the equipment is provided and a room secured for the classes by the local branch. In smaller communities, where perhaps, only one class is formed, the equipment is borrowed and the class is held in a private home or in the Community Hall.

The following table will give some idea of the progress of the Red Cross Nursing Classes during the first six months:

From January to June, 1924

Province	Classes in operation	Classes completed	No. of pupils in completed classes
British Columbia	22	6	101
Alberta	10	2	26
Saskatchewan	12	0	0
Manitoba	3	3	68
Ontario	201	62	709
New Brunswick	3	1	10
Prince Edward Island	2	1	26
Total	253	75	940

One cannot read this table without at once recognizing the inestimable value of the service rendered by the volunteer teachers who have so generously given their time and energy to make these Red Cross classes so

worth while for the women of their community. The Canadian Red Cross recommends to all women and teen-age girls of Canada this practical course in Home Nursing, knowing that the instruction will give them some knowledge of the hygiene of the sick room, the care of infants and children, and the prevention of disease, as well as stimulating their interest in all public health work.

Further information regarding the organization of classes may be obtained at the Red Cross Headquarters of each Province.

Recent Work on Scarlet Fever

The interest of the whole medical world has been aroused by the recent additions to our knowledge of scarlet fever. The demonstration that the disease is really due to several strains of haemolytic streptococci, and the various deductions which have followed this conclusion have altered our whole mental picture of the disease. The modern conception of scarlet fever is of a local streptococcus infection, usually of the throat, but occasionally of wounds, burns or the puerperal uterus, accompanied by certain characteristic symptoms due to toxic absorption, and in spite of the antitoxic immunity which has been produced in the patient followed by later complications due to the direct invasion of the tissues by streptococci. The symptoms due to toxins are the initial vomiting, the five-day fever and tachycardia, the characteristic eruption and desquamation with the nervous symptoms and the joint pains; all these symptoms have been reproduced by the injection of toxins isolated from the cultures of scarlet fever streptococci.

The later complications due to the direct invasion of the tissues by the organisms are the supperative cervical adenitis, the otitis, endocarditis, pyaemia and acute haemorrhagic nephritis.

It has been shown that an antitoxin is produced in the body of the patient which causes a lasting antitoxin immunity but is not bactericidal and apparently does not prevent the later effects of the disease. The prolonged existence of the streptococci in the throat causes the late complications and the persistent infectivity, especially in those patients with suppurative lesions.

Practical interest, however, centres in the aids to diagnosis, prevention, and treatment which may be obtained from the discovery of the cause of the disease. These are already numerous and varied. There is the Shultz-Charlton extinction test due to the action on the eruption of antitoxic sera; the Dick reaction following an intracutaneous injection of toxin, enabling us to recognize susceptibility to the disease; the possibility of inducing immunity by repeated doses of the toxins; and the development of various antitoxic sera for treatment and passive immunization.

The recent discoveries also reopen the whole question of streptococcus infection. The demonstration of the formation of toxin and antitoxin by scarlet fever streptococci leads to the hope of an early indentification of these bodies in the case of erysipelas and other diseases.

(H. B. Cushing in The Canadian Medical Association Journal, Nov. 1924.)

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss AMELIA CAHILL, 723 Bloor Street, Toronto

Immunity and Immuno—Therapy

By WM. MAGNER

ONE of the most wonderful of the many complex activities of the healthy animal body is exemplified by the manner in which it neutralizes or destroys protein poisons which are produced in or gain access to its tissues. A protein poison is one derived from tissues of animal or vegetable nature, and of such the toxins of disease producing bacteria are those which the human body is most frequently called upon to resist. Were it not for the extraordinary efficiency of such resistance few, if any of us, would live beyond infancy as, from our entry into the world, and not uncommonly before such entry, we are engaged in a constant battle with ubiquitous pathogenic or disease producing bacteria.

At one time or another during the life of an individual this defensive mechanism may break down and he is then liable to contract one or other of the many infectious diseases which prevail amongst us. Such a breakdown may be due to the entrance into the body of an organism of such high virulence or aggressiveness that even healthy tissues cannot, primarily at least, cope with its attack; or it may be due to a general lowering of bodily resistance as the result of unhygienic surroundings or neglect of the ordinary laws of health. Fresh air, nourishing food, sufficient exercise, sufficient rest and avoidance of excess of all kinds are factors without which the body cannot maintain its tone, and loss of tone implies loss of resisting power and liability to disease.

The natural, defensive forces of the body, in virtue of which it can resist the very frequent attacks of disease producing micro-organisms, may be summarized as follows:—

1. The mechanical barrier to the passage of bacteria which is offered by the intact skin and mucous membranes.

2. The acidity of the gastric juice which is sufficient to destroy the majority of bacteria gaining access in the food.

3. The phagocytic power possessed by the leucocytes of the blood and by the cells lining the blood and lymph vessels.

4. The bacteriolytic, or bacteria destroying power of the plasma or fluid portion of the blood.

The line of defence presented by the skin and mucous membranes is somewhat imperfect. In the first place, the tiniest scratch or cut may open a portal through which the bacteria may enter; and in the second place, both these structures are perforated by innumerable little openings leading down to sweat, sebaceous or mucous glands and, very frequently indeed, bacteria pass down these ducts into the substance of the glands where, unless checked by other defensive forces, they may grow and set up an inflammation terminating in a tiny localized abscess or a spreading process of varying severity.

The phenomenon of "phagocytosis", presented in the highest degree by the leucocytes or white corpuscles of the blood, consists in the ingestion and digestion of bacteria by these cells. If some bacteria such as staphylococci be stirred into a drop of salt solution, and if to this be added a drop of fresh blood, and the mixture viewed under the mic-

roscope, the leucocytes can be seen to approach the bacteria, engulf, and slowly digest them. If, however, the bacterium in question is very virulent, capable of producing a powerful toxin or poison, the outcome may be less favorable. In such a case the leucocyte becomes itself destroyed by the poisons produced by the contained bacterium, and the latter becomes again free to be taken up by a fresh leucocyte which suffers a similar fate. In this way, within the body, enormous numbers of leucocytes may be destroyed before the infection is finally overcome. Fortunately, however, the bone marrow, in which most of these cells are produced, is capable of an almost unlimited response and continues to pour out innumerable leucocytes until the invading bacteria are finally destroyed.

This attack by phagocytic cells upon bacteria is so vigorous and so easily demonstrated that the mistake may be made of ascribing to them the chief rôle in protecting the body against bacterial attacks. It can, however, be easily shown that these cells are comparatively helpless in the absence of the fluid portion of the blood. In other words, the bacteria must first be acted upon, and their aggressiveness lowered by the action of chemical substances present in the blood serum, before the leucocytes can ingest and destroy them.

These antibacterial or "bacteriolytic" substances which are present in the blood are of various types which are grouped together under the heading of "Antibodies". They are present in the blood of every healthy individual in sufficient amount to destroy invading bacteria rapidly, unless the latter are in large numbers or of a highly virulent type. In the latter case, they may be insufficient to accomplish this purpose, the bacteria grow, multiply, produce abundant toxin or poison and the individual shows the signs and symptoms of disease.

Our conception of these defensive forces of the body may be simplified by comparing the mechanical barriers, the skin and mucous membrane, to the fortresses, wire entanglements and trenches by which a country protects itself against invading troops; the phagocytic cells may be compared to the soldiers of the defensive army, and the antibodies to the munitions of war which must be supplied in abundance if the invaders are to be overcome.

(To be continued)

To the Private Duty Nurses:—

May I ask the nurses to take a very personal interest in the securing of articles for "The Canadian Nurse?" It is up to each one of us to do our bit in this respect. Do not leave it for a few to be responsible each month for a contribution. In our work I feel that we meet many very interesting cases that would be instructive to others if only related.

Miss Amelia Cahill, 723 Bloor Street, West, Toronto, is the Press Convener for the National Committee and she will welcome any contributions.

(Sgd.) HELEN CARRUTHERS,
Convener Ont. P.D. Committee.

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Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

Every Nurse a Public Health Nurse

By MARGARET MOAG, Reg. N.

THIS old world would be a veritable happy hunting ground for those of us engaged in directing the affairs of a general Public Health Nursing Organization today if the title ascribed to this article were only true.

The old adage "Nurses are *born* not trained" has long ago been superseded by the correct version, "Nurses are *trained* not born"; but we hope that the time may come when "*Public Health* Nurses will be born, while being trained" in the training school.

It is only the finest type of womanhood that can make a successful Public Health Nurse. What then can be done to stimulate the ideals which must be present in the minds of so many student nurses in our training schools at the present day?

Good nurses may come out of our hospitals with marvellous skill in their hands, but alas! with very little love of the work in their hearts; and whether they give the best type of service with the finest spirit or not, depends very largely upon the atmosphere of the hospital in which they have been trained. Love of her work, sympathy, self-reliance, tolerance, and a strong sense of responsibility toward the community, which every privileged nurse feels today, are qualities most essential in the student nurse, and *all* nurses are Public Health Nurses, whether they nurse in the homes of the wealthy, in the tenements or in institutions. All have their part in the great whole, and cannot do without each other.

As the day seems far distant when all nurses will have had University training in Public Health before entering our field of generalized work, we shall have to depend largely for staff nurse work upon those without much experience beyond that of hospital training. May I divide our generalized plan of work into two or three sub-divisions for a moment, and place before you the criticisms we cannot help making when assigning and teaching our nurses as they enter these special fields.

Maternity Service

It is a well-recognized fact that this has been, and always will be an outstanding feature of the work of the Victorian Order of Nurses throughout Canada, and what greater contribution can be made toward promoting the health of the nation than that of protecting the children yet unborn, seeing them safely launched on the world and supervising them until they can be logically transferred to other organizations for that further supervision?

It is amazing that a vague idea of the term "prenatal" exists in the minds of these young nurses fresh from training schools—the majority do not know that supervision and care is advised during pregnancy. They think such care is limited to the few days a patient may be in hospital awaiting time of delivery.

In many of our hospitals babies are bathed in nurseries far from the mother, so that no opportunity to teach her has been available, conse-

quently, when she returns home we are asked to send a nurse to bathe baby and instruct the mother at a certain hour of the day. Carrying, as we do, a great many acute cases, which need morning visits, we cannot often send a nurse at time requested, although we fully realize that that young mother needs us.

The great majority of nurses register against obstetrical cases on private duty. Some have told us they were not interested in that branch of nursing, but as it was compulsory they had to take it. Aside from the mercenary point of view regarding this work, why should young graduates have the feeling of antagonism toward that branch which will be the crux of Public Health Nursing for all time to come? (We do not take any nurse for even temporary duty if she has this feeling toward our future mothers and babies.)

Nursing of Children

It is a regrettable fact that many nurses have graduated from schools without having had the care of children during the whole period of training. Few know the normal child and his behavior, and the great majority of the nurses graduating at the present time have not the power of observation, which might be tested and developed if on duty in a children's ward. A study of child psychology would be a boon to every nurse in caring for children anywhere.

The Field of Mental Hygiene

Is broad, and one of the most important in Public Health, but how few nurses know anything about it. Many lives might be re-directed from a pathway leading to lasting misery, if symptoms and danger-signals were detected in time; for in many instances, these patients need only a helping hand to point out the safe way to a normal life. Every nurse should have a knowledge of psychology so that she may understand human emotions and behavior; for it is only after this foundation has been laid that nurses appreciate classes in psychiatry. Graduate nurses can easily and should improve their knowledge by reading pamphlets to be obtained from the National Committee, and attendance at lectures and clinics are excellent means by which they may be informed.

Tuberculosis

The nursing of tuberculosis is receiving considerable attention at present and we are hoping for the time when this branch of nursing will be considered essential in the curriculum of a training school. It is well recognized by those who have made a life study of this department of nursing that a better understanding of tuberculosis, and the instruction received by the nurse during the practical care of the patients, will contribute very largely towards the protection from this disease and the development of health in every student nurse. It is the responsibility of every nurse to help prevent the spread of tuberculosis, and she should not leave the parent school without having some knowledge regarding its method of prevention, for it is a preventable disease. She should know how to care for and give intelligent advice to patients and families, wherever she may come in contact with them, and should also know something of the agencies dealing with it.

If this were possible, we would not find that timidity and lack of interest which is apparent in many nurses, and which they explain by saying "we never knew much about it in the school."

Nursing Communicable Diseases

The service in nearly all Public Health Organizations has of recent years been extended to those ill with contagious diseases, and it is regrettable that the training of nurses in this very important phase of nursing has not been considered necessary. Why c' 'd this very essential work,

which relates to the whole community, be left to the laity? Now that the theory of contact infection has been accepted, is it not as necessary to know how to care for and protect in these cases as in typhoid? True, much theoretical instruction is given, but it is not sufficient. We have not the same confidence in the nurse with the theoretical training only, that we have in one who has had the practical experience.

As Nurses

We are all dependent on each other for the protection of the health of the community, but all should know thoroughly the subjects essential to that co-operation. When nurses are taught to look upon the patient in the hospital bed as the family unit, the lines of demarcation between hospital nurses, private duty nurses and public health nurses will be eradicated.

Every student nurse should realize that she must be a teacher as well as a nurse. It is the responsibility of every nurse in every phase of nursing work to teach prevention of disease and the promotion of health.

In conclusion, may I say that we, in the Public Health field, feel strongly that many difficulties will be overcome when all student nurses are allowed some time in the hospital social service and outdoor department, and have public health nursing experience during training. Then, and then only, will they acquire a knowledge of the principles of prevention and a greater interest in the field.

(Read at the C.A.N.E. Convention at Hamilton, June, 1924, by Margaret Moag, District Superintendent V.O.N., Montreal, Quebec.)

Department of Nursing Education

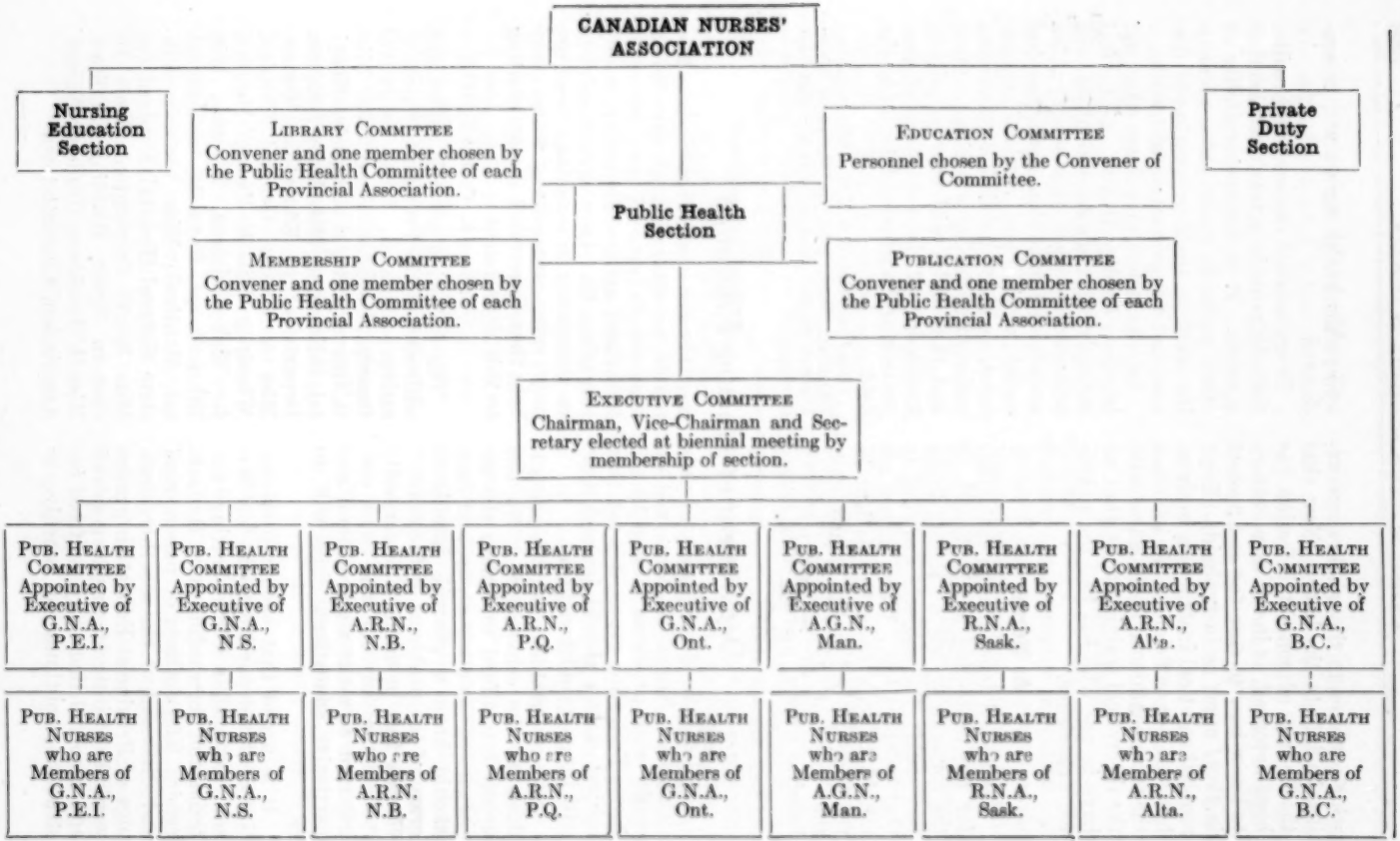
While this department of the "Canadian Nurse" is concerned directly with problems related to the Nurse Education group, it is felt that subject matter should be such that will interest and benefit all.

As our President said in her address at the convention: "No one group can afford to ignore the assistance of the other group, and each should have a general, intelligent grasp of the problems of the other." Having this in mind, it is earnestly desired that any one who has a contribution to make along general and particular educational lines will do so.

It is urged that each representative of this department will feel herself responsible for collecting material and forwarding it to the convener. The outlines of papers read and discussed at the monthly meetings of Provincial Education groups would be of interest; problems solved and unsolved that daily confront instructors; outlines of weekly or monthly time tables; criticisms, favorable or otherwise, of text books that are in general use; reference books and articles appearing in any magazines that have been helpful to the instructor in teaching; these are only some suggestions which may help those interested in contributing to this department.

(Sgd.) E. C. RAYSIDE.

The following are the names and addresses of the Provincial representatives:—Miss K. Ellis, Vancouver General Hospital, Vancouver; Miss B. Gurnsey, Royal Alexandra Hospital, Edmonton; Miss Ruby Simpson, Department of Education, Regina; Miss A. Kinder, General Hospital, Winnipeg; Miss K. Panton, Hospital for Sick Children, Toronto; Miss Ethel Sharpe, Royal Victoria Hospital, Montreal; Miss Victoria Winslow, General Hospital, Fredericton; Miss S. A. Barrington, Room 10, Eastern Trust Building, Halifax; Miss D. Hutchison, Graduate Nurses' Association, Charlottetown.


CANADIAN NURSES' ASSOCIATION
Nursing Education Section
Private Duty Section
Public Health Section
Library Committee
Convener and one member chosen by the Public Health Committee of each Provincial Association.
Education Committee
Personnel chosen by the Convener of Committee.
Membership Committee
Convener and one member chosen by the Public Health Committee of each Provincial Association.
Publication Committee
Convener and one member chosen by the Public Health Committee of each Provincial Association.
Executive Committee
Chairman, Vice-Chairman and Secretary elected at biennial meeting by membership of section.
Pub. Health Committee Appointed by Executive of G.N.A., P.E.I.
Pub. Health Committee Appointed by Executive of G.N.A., N.S.
Pub. Health Committee Appointed by Executive of A.R.N., N.B.
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Pub. Health Nurses who are Members of G.N.A., B.C.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Health Centres

By HARRIET MEIKLEJOHN, A.B., R.N.

WHAT the hospital has been and is to humanity in the field of relief and cure, I believe the Health Centre of the future will be in the field of Prevention.

The results of early efforts in Health Centre work have so far surpassed our pioneer expectations, that it seems only fair to anticipate for them a future at least as great in usefulness and accomplishment as that of the hospital of today.

In these early days the general mind has still a somewhat bewildered attitude toward Health Centre work, mainly because "that a thing has been prevented from occurring" is a difficult problem to prove, and to the ignorant mind the idea of Prevention requires more of imagination than that of Cure.

The Health Conscience of the world is, however, rapidly awakening, and every day brings us new evidences of the realization on the part of communities of their responsibilities towards health, as it brings word of further and more strenuous efforts of workers in the sphere of Prevention.

In many places the need for co-ordination of effort, the need of a place to work in, a central meeting ground for workers and their clients has given birth to the Health Centre idea, at first ridiculed by profession and public alike as a fad or a joke, but now slowly but surely finding its place in community life.

The building in use in these pioneer days is, perhaps, not of so much importance as the personnel—it is the soul which counts in the foundation of things—nevertheless, we should be careful to see that the building radiates, as far as possible, an atmosphere of health, happiness and freshness, that it be a silent exponent of that which we are endeavoring to teach. Also, to see that the Centre is easily reached and accessible to the poorer people.

The fundamental idea of Health Centres is the grouping together under one roof of the various bodies in a community whose object is the protection and improvement of health conditions (whether these bodies are official or voluntary), in order to co-ordinate effort, to avoid overlapping, to save overhead expenses, and to present to the people a united front as far as health is concerned. A Centre where they may obtain all the guidance and information they can wish about health questions.

Before organizing a Centre, it is wise to make an exhaustive survey of the proposed community, to know thoroughly its needs, its assets and liabilities, so far as health and disease are concerned. It is absolutely necessary to have the interested and co-operative backing of the medical profession before starting the Centre.

Given this, and a public mind awakened to the needs of the community, as demonstrated by your survey, Public Health workers need have no fears as to the success and usefulness of a Health Centre; provided that the funds are forthcoming for the necessary Public Health Nursing programme.

It matters little what organization, voluntary or official, fathers the Centre, provided the executives have a knowledge of the needs, are interested and enthusiastic, broad in their

scheme of co-operation, and are well advised by a group of trained health workers.

First and last, the aim of the Centre should be *Education;* the tireless imparting of health instruction to all who enter its doors, with a constant out-going educational force in its nursing body.

Taking a state or province as the area of organization, it may be well to have a parent centre in the largest of the towns affiliating in the main issues, for purposes of economy and efficiency, with all lesser centres; that is, in the sharing of consultants and specialists, public lecturers, the printing and distribution of literature, health films, lantern slides, posters, demonstration equipment, etc.

The Centre itself must prove itself —people must find there what they come to seek, otherwise it will not live This demands an efficient, fully-trained staff. If possible, it is a good thing to have the local official health body housed in the Centre. This gives easy access to vital statistics (provided these are controlled, as they should be, by the Health Department), and saves time in the exchanging of reports on the various conditions arising from the work of each clinic.

There should be a full line of health clinics and services carefully linked together. This can be done whether individual clinics are under the same official body, or under voluntary agencies, provided there is one recognized Health Centre head.

In fact, it is often wiser to assist the voluntary agency to carry on its really worth-while effort, rather than to take full control; as in taking away the incentive to work, public interest may be chilled, and public interest is essential to the life of the Centre.

The economic administration of the Centre may be under almost any form of Managing Board, but the technical administration should be under a committee of trained Public Health men and women interested in the Centre.

It is most important to convey in health teaching the absolute necessity for continuity in health observances, to impress upon the public the fact that each period of life is dependent upon the preceding period for its health and strength, that at no time from conception to the end of life can we afford to neglect or tamper with the demands of health.

For this reason it seems better to arrange for all forms of clinics in a Centre, so that parents may learn to look upon the child as a whole, i.e., the prenatal period and its invaluable influence upon the whole of life; the necessity for wise and adequate provision for maternity; the care and feeding of infants as demonstrated in the Well Baby clinic; followed by the pre-school age clinic, when the habit-forming age may be checked up, nutrition watched and early physical defects detected. Following on this comes the medical inspection of schools. The medical inspectors should have office room in the Centre. This is very useful for inspection of children after exclusion, for vaccination, inoculation, etc.

Answering to the needs of these four main clinics are the anti-tuberculosis clinics for children and adults, the nutrition class, the posture class and the fresh air camp. These are essential for the children who are under-weight and under-nourished, and show signs of possible tuberculosis. The Preventorium is required for the care of children who are tuberculosis contacts.

Clinics for the control and treatment of Venereal Diseases fit in very well in the Health Centre scheme. They link up with the prenatal, well baby, pre-school age and school clinics, and need be in no way objectionable in the Health Centre atmosphere if well conducted and wisely supervised; in fact, we have found that patients prefer the Health Centre to the wider publicity of the hospital dispensary.

Under the direction of this clinic

should be placed the Venereal Disease inspection and treatment of all persons in institutions, such as for the free housing of infants and children, homes for girls, jails, etc., in order that no infected cases may go without the necessary treatment. It is especially desirable that no child may be allowed to grow up untreated where it is possible to ameliorate its condition. In Canada, venereal disease control comes directly under government supervision. All government clinics for venereal disease are free, and have considerable power at their disposal.

The clinic in psychiatry will assist greatly in the division of the feebleminded into special classes, which will also be of great assistance to the Juvenile Court.

No Centre should overlook any opportunity which will appeal to the child on his own behalf. Bright and attractive health posters aid in presenting health topics to children, and these can be made sufficiently colorful and descriptive so that even children who cannot read can still interpret their meaning.

Another valuable endeavor of the Centre is classes for health instruction of children and mothers.

Little Mothers' Leagues are worth far more than their face value, for all the information absorbed is carried home and related to the "real mother." Oftentimes, the "Little Mother" is the means of interesting the "real mother" in the class instruction of the Centre.

Classes in simple home nursing, home hygiene and home economics may very well be linked up with the other educational work, and will help to attract many women who, otherwise, would not attend the health classes; but beyond question, the key to all health work is the Public Health Nursing Service—according to its efficiency will be your results.

The generalized system of Public Health Nursing seems to be the most efficient, and to produce the best results all around, provided it is worked in harmony with the district Nursing Service. It is a wonderful thing if the Centre can afford to send out nutrition workers into the homes to teach household economy. It is an excellent thing for the Director to hold, at least, a weekly "Round Table" with the staff—nurses, social workers, nutrition workers, etc.—for the discussion of problems, and to bring up for consideration new methods and ideas in Public Health. Also, a professional circulating library should be maintained for the benefit of the staff, and plenty of literature interesting and attractive always on hand for the public.

It is a wise move to make a Centre the meeting place for as many philanthropic and professional (medical and nursing) societies as can be accommodated. A clean, warm, well-lighted board room is very acceptable to most of these organizations, and the more people we can bring to our Health Centre, the more quickly will the spirit of the work take hold of the thinking people.

Keep a record of Health Centre work by means of photographs grouped annually, and lantern slides. You will find that pictures of actual local conditions have a greater value in the eyes of the community than any you can import, and keep the work constantly before the public in this way.

The financing of a Centre may, or may not, be a difficult problem, according to its organization. If a community is so far advanced that the whole expense is borne by the local Health Board, that is easy and a fair distribution of the burden so far as the public is concerned; but these Centres are usually started by voluntary effort, and supported largely by voluntary contributions. It is by no means the worst method to appeal directly to the people themselves to let their pennies support the health movement. The mere fact of giving their mite for the better health move-

ment annually is in itself of educational value.

The Centre may create for itself an income by the rental of offices to various health organizations; raising the balance necessary for running expenses by appeals to the people; and financing the Public Health Nursing Service through the Health Board. This is one method which has proved successful when full support is not forthcoming through taxation. Where there is need for the work, and a determined force behind that need, the finances are always to be had. The main thing is a firm belief in the mission which we have undertaken, the assurance that, ultimately, human intelligence must recognize that the human body is a holy thing, God-given, and therefore worthy of every reverence, respect and care. But until men and women realize the futility, the wastage, the misery and immorality of disease, as it reigns today, until they voluntarily value and practice the laws of health, there can be no question but that the burden of Public Health education must rest with such organizations as the Health Centre.—(From I.C.N. Bulletin No. 3.)

How One School Provides Christmas Cheer for its Families

By a Vancouver School Nurse

Everyone was hard up before Christmas. So many societies were collecting for different things that the prospect of getting a sufficient supply of groceries and clothes to be of substantial assistance to families needing help seemed very slim.

However, one of the teachers hit upon a novel plan—she asked each child to bring a potato or carrot, or some small thing to begin with. It was a fairly large class (over forty) and few brought only one potato or carrot. Moreover they brought the largest and best they could find; so that when we were dividing the vegetables, we found a prize collection. One small boy suggested that on a certain day each child should contribute his or her apple brought to eat at recess, and in this particular class where the fun started, on their sewing day they made Christmas stockings—the teachers kindly providing the material—about 18 inches long, filled with nuts, Jap oranges and chocolate bars. The children brought the contents. The boys decided they would like to join permanently—it was so much fun.

When it was decided that more things were coming in than were expected, it was decided to hand a family over to each grade. No names were mentioned and in distributing the things, each pile was labelled with the grade numbers. The grades took much keener interest in it when they found they had a family of their "own".

In one of the senior classes the boys and girls had a competition to see who would bring the most—all useful articles, nothing frivolous. The boys brought sacks and boxes and they collected vegetables, fruit, coal, groceries, canned fruit and a variety of other articles. This class collected most.

In another class the teacher told the children what was being done and asked if they could think of anything original. One child suggested that each row should bring something different, which they forthwith did. One row brought groceries, a pound of anything, the next raw fruit, the next canned fruit and vegetables, the next half pound of anything and the last row chose "miscellaneous." They brought soap, starch, boxes in which to put things, and all sorts of odds and ends.

We had a good collection of books and toys suitable to the ages of children to be supplied, also quite a few

good clothes which were most acceptable.

The children brought all their odd pennies and five and ten cent pieces and the amazing sum of $50.00 was reached. With this we bought flour, oatmeal, bacon, beans and coal. A friend of one of the teachers contributed half a ton of coal and the father of one of the children let us have the staple groceries at wholesale prices, which was a great saving. He also supplied groceries for one family.

Eventually, each family was supplied with half to one ton of coal, according to their needs and storage room, a sack to a sack and a half of potatoes, nearly a sack of other vegetables, two boxes of Jap oranges besides larger oranges, one or two boxes of apples, groceries of all kinds, canned fruit and vegetables of all kinds, books, toys, clothing and Christmas stockings for all the children. Milk and bread tickets were also collected with wonderful results.

Some of the older children helped the teachers pack the things, placing each grade by itself, marked with the number of the grade, instead of the family name. The last morning of school a truck was sent from the school board and with the assistance of five of the older boys the things were distributed.

The principal was most enthusiastic and it was largely due to him that everyone else was so interested.

In all the collections made in that school (and I have seen quite a number) I have never known the children take a keener interest or accomplish one-half the result, a result that I hope may help many others.

To the Public Health Nurses

One of the important functions of the Public Health Section of the C.N.A. is to provide the Public Health Nursing Department of *The Canadian Nurse* with material which will be helpful to the public health nurses throughout Canada. This duty the Section has delegated to the Publication Committee, which is composed of a convener and a member appointed by the public health committee of each provincial association.

In discharging its duty successfully, the Publication Committee is dependent upon the co-operation of every member of the Section. Through the pages of this department an opportunity is afforded each public health nurse to interpret the work she is doing, to other nurses in Canada and to benefit from the experience of other workers as they contribute, through the department, the results of their experience.

May I bespeak for the parent organization the loyalty of every member of the Section in subscribing to *The Canadian Nurse* and for the convener of the Publication Committee the co-operation of the public health nurses in Canada.

Material for publication in this department should be sent to the nurse who represents the Publication Committee in your province. She in turn will forward it to the convener of the committee, Miss Elsie Wilson, Provincial Board of Health, Parliament Buildings, Winnipeg, Manitoba.

Members of the Publication Committee: Miss Mona Wilson, Red Cross, Charlottetown, Prince Edward Island; Miss Richardson, 6, Pepperill Street, Halifax, Nova Scotia; Miss Meiklejohn, 134, Sydney Street, St. John, New Brunswick; Miss Collard, Child Welfare Association, Montreal, Quebec; Miss B. Knox, Spadina House, Toronto, Ontario; Miss F. Robertson, 753, Wolseley Avenue, Winnipeg, Manitoba; Miss M. Luidebaugh, Dept. of Education, Regina, Saskatchewan; Miss K. Brighty, Provincial Board of Health, Edmonton, Alberta; Miss M. McLean, 3151, Second Ave. W., Vancouver, British Columbia.

(Sgd.) FLORENCE H. M. EMERY,
Chairman P.H. Section, C.N.A.

Nursing Standards in Japan

By MRS. ALICE C. ST. JOHN, Principal, School for Nurses, St. Luke's International Hospital, Tokio

The profession of nursing in Japan has no definite standing beyond the control exercised by the Sanitary Bureau of the Department of Police. Under the law an examination is required for license and registration. Several schools in the leading cities give didactic instruction covering about six months to qualify applicants for these government examinations. Additional courses of from six weeks to three months are given to prepare for the examination to qualify midwives. Practically no provision is made for clinical training in these schools.

The majority of the applicants have received only a lower or middle school education. This means that the standing of the profession in Japan is necessarily very much lower than in other advanced countries, and the position of the trained nurse, both in hospital organization and private life, much less effective from a clinical and professional standpoint. Several of the leading hospitals in Japan, as well as the Medical Departments of the Government Universities, have in recent years provided training covering a period of from two to three years. The best is probably the Japanese Red Cross. These nurses are better grounded in clinical nursing, and from their three years' practical training are more efficient. They too, however, are for the most part drawn from the lower and middle schools, and this insufficient preliminary schooling is a serious handicap to any marked advancement in their professional training and standing.

Until modern hospital organization is introduced and a higher standard of schooling insisted upon, it will be impossible to elevate the profession of nursing in Japan.

As a part of the work of St. Luke's International Hospital, a modern Training School for nurses is being developed, and standards now universally recognized in the United States insisted upon. Graduation from a Government High School is required, and six months probation before applicants are admitted to the school. The course of instruction covers three years' didactic and clinical training. A diploma is awarded at the end of this time provided the applicant passes the required examination satisfactorily. This diploma is recognized as final by the Japanese Government, and a license to practice her profession is awarded by the Department of Police without further question. The graduate is then free to enter institutional or private nursing as she prefers. This is the only school in Japan conducted along hospital lines, and it has already awakened considerable interest in the Sanitary Bureau of the Police Department, and in the Department of Education, where its methods and progress are being observed.

The leading members of the medical profession in Japan are frank in stating that the profession of nursing should be much improved and advanced. They are sympathetic and encouraging to the efforts inaugurated in St. Luke's International Hospital, and we have every reason to believe that in time the whole standard of the profession in Japan can be placed on a much higher and more satisfactory footing.

Every effort should be made to hasten the day when Japanese women of education and refinement can feel that in entering this profession they are really contributing towards the welfare of their people and the better physical and mental development of the nation.—(From International Bulletin No. 3.)

Department of Student Nurses

Convener, MISS M. HERSEY, Royal Victoria Hospital, Montreal

All the World's a Stage

How often is one commiserated with on the arduousness of a nurse's life—its narrowness and its monotony! How often one is told that student days are the hardest! One is warned before beginning of the sadness, the discipline, the cleaning and other menial tasks. But we little understand, until really launched into the midst of hospital life what a dramatic stage a ward can be—what Star Players the patients! Have you ever had your heart strings played on so varyingly, so surely? Has the Comic or the Tragic Muse ever come so close to you on the Stage as she does every day in your ward? Without pausing to think, a regiment of comedians, fools, lovers, mothers, children, grandfathers of my ward flash before me—Tragedy, Comedy, Melodrama.

How plainly I see Mrs. Gibson with her rather hard, Scotch face! Many a thing she taught me; many a mistake she saved me by her rather caustic tongue when I began nursing, a trembling and raw probationer. Her two boys (aged eight and nine years) used to come to see her regularly—always spotlessly clean. She was constantly busy knitting their stockings. And then, one day, a nice looking woman came. After she left, Mrs. Gibson asked me what I thought of her visitor. I told her I thought she looked very kind. "Aye, and she seems a right decent, sensible body; I'm thinking she will do." Then she told me she had reached the limit of the time she could stay in the ward and that it now meant either home or the Incurable Hospital. "And I'm going to the Incurable, for the laddies are owre young to live so close to Death. I'm thinking yon wuman will keep the house fine and all their winter claethes are ready, and their father's a wise-like man. Nurse, you'll mind and boil my egg saft now?" I saw her two days before she died there, suffering terribly, still very brusque, indescribably brave.

Old "Dad" was eighty-four with a great booming voice. He had never been separated before from his wife, who was eighty-six years old. But "Dad" had "angina pectoris" and his wife was very ill, so he had to come to hospital. He was a great worker —had always knitted his wife's stockings, while she did his socks—"For, you ken, hers were far ower heavy for her tae manage." He did beautiful crochet, inventing his own patterns. His job was time keeper at a brewery. He missed his wife terribly and, at night, as he became delirious, one of the things that settled him was if I held his hand. He would then gradually quieten, tuck his hand under his chin and go to sleep. It was when he became delirious that he always wanted to get out of bed to go to work, and thought I was his wife preventing him. The worst thing he ever said in his gentle voice, under these, to him, trying circumstances, "Eh, Aggie, Aggie, you're a right tantalising wuman."

Charles had a very pink face, a pink, bald head, a white imperial beard, a strong objection to fresh air, and a large vocabulary of nothings. He was a hemiplegia. Christmas over, I had only to rattle my window keys in the ward at night, and great

mutterings were accompanied by a rustling in Charles' locker. Then a pink and green paper cap, the contents of a cracker, was solemnly placed on his head as protest, after which he went peacefully to sleep, looking like a queer, imperious gnome.

There was a poor old woman who wanted to tip me 2/6 "to buy a new frilled mutch wi' "—evidently objecting to the severity of my cap.

Then the children—

Dickie, my little thief who was committed for larceny, housebreaking and being beyond parental control at the age of ten.

My fat child of four, who, when his parents left him, thrust his hands into his pockets and uttered a deep "Goodbye", strolled, with an air of nonchalance, up the ward. When asked his name, the reply was "I don't know nofing, I don't—but it's same as Prince of Wales"—and Albert Edward it was! He stood in his bath and slapped his fat little self, saying most emphatically "I'm too fat, yes, I am. I'll go busted like a b'loon, yes, I will." Unfortunately, he was not long with us, as being out of reach of fried fish and chip suppers seemed to be the cure for the asthma, for which he was to be treated, and not a wheeze could we extract from him.

The baby, also of four, who, when asked what she did at home, replied "Daddy reads the paper, Mother minds the house and I read Comic Cuts and mind the baby."

I must not go on, although when one begins to think of one's old friends, it is difficult to stop, and you will all have had your own repertory company.

So long as the years go on and our eyes do not become dimmed to the always vivid players, and our hearts do not shut against their touch—so long shall we escape the feeling that our work is either narrow or monotonous.

K. J. M., R.V.H.

Canadian Representatives at Helsingfors

The Canadian Nurses' Association will have five votes at the International Council of Nurses at Helsingfors. Canadian nurses will be represented by the President of the Association, who is ex-officio a vice-president of the International Council, and the past Presidents of the Association. These representatives were appointed as official delegates at the general meeting of the Canadian Nurses' Association held in Hamilton June 23rd-25th, 1924. One thousand dollars was voted to pay a portion of the expenses of the five Canadian official representatives at Helsingfors.

It is hoped that there will be in addition to the official delegates a large attendance of individual Canadian nurses.

The Cunard Line furnishes us with the following information,—

The "Ausonia" is scheduled to sail from Montreal June 27th, at 10 a.m.

The "Andania" is scheduled to sail from Montreal July 11th.

The "Antonia" is scheduled to sail from Montreal July 18th.

All these steamships call at Plymouth Cherbourg and London.

The Finnish Line have a line from Hull to Helsingfors every Wednesday. The through minimum cabin rate on the Cunard Line one class cabin ship is $160.00, plus $5.00 war tax.

It will be necessary for nurses taking this trip to have a Canadian passport which must be vised by the Finnish Consul. The nearest Consul is Mr. E. J. Korte, Consul General for Finland, Port Arthur, Ontario.

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
Miss MAUDE WILKINSON, 410 Sherbourne St., Toronto

MANITOBA

The annual service held at the Walker Theatre, Winnipeg, on Sunday evening, November 19th, in commemoration of Armistice Day, was most impressive and interesting. It was arranged by the joint forces of the Army and Navy and the Great War Veterans Associations.

The Rev. Capt. W. Robertson, Chaplain of M.D. 10, conducted the devotional part, and the musical programme was supplied by the massed bands and other artists, while the audience joined in singing the various hymns. Brig.-Gen. H. D. B. Ketchen called the roll; Nursing Sister E. F. Hudson, M.R.R.C., responding for the nursing services. Sister Hudson was one of the first who went from Winnipeg overseas, with the first contingent.

The tickets allotted to the nursing service were distributed between the South African Veterans, British and Canadian Queen Alexandra's, American Unit of the French Red Cross, and the Canadian Army Medical Corps, who are engaged in various organizations throughout the city.

The service was broadcasted and messages of appreciation were received during the evening from many parts of Canada and the United States.

The Nursing Sisters' Club and guests met at the Marlborough Hotel, Winnipeg, on Saturday, November 15th, for an Armistice dinner and musicale, which proved very delightful, one feature being the presence of so many husbands among the guests! About seventy guests gathered round the tables, which were attractively decorated with poppies.

On commencing dinner a toast was drunk to the King, followed by silent tribute to the Sisters who made the supreme sacrifice. Later, short addresses were given by Mrs. R. A. Rogers, M.L.A., and Col. R. H. Webb. Miss P. Ramsay gave several pianoforte solos and also accompanied Mrs. H. Turnbull's songs. Solos and a duet were given by Messrs. M. R. Ford and J. Latham, accompanied by Mr. Stanley Osborne, these gentlemen doing double duty by attending and assisting at the Canakeena dinner being held in the same hotel that evening.

A vote of thanks was moved by Mrs. J. H. R. Bond, a veteran of the South African war, and seconded by Mrs. J. F. Morrison. The evening closed by singing the National Anthem.

Nursing Sister Stella Gordon entertained in her home on November 1st at a delightful tea in honor of Mrs. Corbett (Juliet Quinn), when the guests included many of her old associates among the nursing sisters.

One of the most enjoyable tours of the Overseas Education League experienced since its inauguration in 1909 was held this summer. The itinerary included trips to places of historic interest in England, Ireland and Scotland; a visit to the world-famous Wembley Exhibition and a brief stay in Paris.

Joining the group of teachers were members of other professions, numbering altogether 270. Included in this number were twelve ex-nursing sisters.

To the Members C.A.M.N.S.:—

In order to carry out the ideals of our Honorary Convener as expressed in her foreword in the October number of "The Canadian Nurse," it is hoped that all ex-members of the Nursing Service, and active members of the Permanent Force, will take an individual interest in this section of our National Nursing Publication and assist in making it interesting and instructive to all our readers. There are two distinct responsibilities resting on all of us; first, to interest our friends and members of Overseas Clubs in the magazine and solicit their subscriptions; second, to forward material suitable for publication to the Provincial representatives.

The list of representatives who have consented to act and who will be glad to receive any contributions is as follows:

Alberta—Miss McPhedran, Overseas Club c/o Mrs. McManus, Westminster Apts., Edmonton, Alta.

British Columbia — Mrs. Danby Smith, Secretary, Overseas Club, c/o Shaughnessy Military Hospital, Vancouver, B.C.

Manitoba—Miss O. Garland, Deer Lodge Hospital, Winnipeg, Man.

New Brunswick—Miss H. Meiklejohn, Health Centre, 134 Sydney St., St. John, N.B.

Nova Scotia—Miss Katherine O. MacLatchy, Matron, Military Hospital, Halifax, N.S.

Ontario—Miss Campbell, Victorian Order Nurses, — Sherbourne St., Toronto.

Prince Edward Island—Miss A. M. Ross, Prince County Hospital, Summerside, P.E.I.

Quebec—Miss Nellie J. Enright, Royal Victoria Hospital, Montreal, Que.

Saskatchewan—Miss I. Stewart, Red Cross Headquarters, 2331 Victoria Ave., Regina, Sask.

Miss Margaret MacDonald, Hon. Convener; Maude E. Wilkinson, Convener.

The "Red Cross Junior" Breaks its Record

Since the "Red Cross Junior" was put on a paying basis the largest number printed was for December 1924, when 10,600 copies were distributed in Canada. Of these the largest number were taken by Nova Scotia. The active Nova Scotian Juniors sold 2500 copies of the Christmas number. This was by far the largest number of the December issue sold in any province in Canada. Isn't this a splendid way to finish the old year! I wonder how much better we will be able to do during the new year of 1925.

News Notes

BRITISH COLUMBIA

Vancouver Graduate Nurses' Association

The regular monthly meeting of the Vancouver Graduate Nurses' Association was held in the lecture room of the Nurses' Home, V.G.H., on November 5th, the President (Miss McLellan) in the chair.

The entire evening was taken up with discussion of plans for a proposed joint registry of graduate and undergraduate nurses and the change in by-laws necessary to the carrying out of this plan.

It was decided to call a joint public meeting on November 21st for discussion of the proposed change and two committees were appointed in this connection: Registry Committee, Misses Ellis, McClay and Walker; By-Laws Committee: Mrs. M. E. Johnstone and Misses Randal and Ellis.

At the close of the meeting, tea was served in the Nurses' Home.

ONTARIO

Toronto General Hospital A.A.

Miss Mary Bagshaw (1915) left Toronto this fall for Phoenix, Arizona, where Miss B. Kettlewell (1919) is in charge of the Deaconess Hospital.

Miss Mabel Murray (1916) is doing industrial work with the Bell Telephone Company, Toronto.

Miss Laura Beal (1917) is doing industrial nursing on a sugar plantation at Marcain, Oriente, Cuba.

Miss Olive Ings (1921) has charge of a general surgical ward in the Sutter Hospital, Sacramento, California.

Madame Josette Ledoux (1921), who returned to Belgium after her graduation, is now in South America, where she is doing pioneer Public Health Nursing under the League of Red Cross Societies. Her address is Apartudo 467, York Hotel, Bogota, Colombia.

Mr. and Mrs. Roy Spencer (Reta McQuarrie, 1921), who have been living in Saskatoon, Sask., have settled in Montreal and are at 1490 Bernard Ave., Outremont, Montreal, P.Q.

Miss Nita Rathbun (1922) and Miss Irene Forbes (1923) are opening up a Red Cross hospital at Nakina, Ont.

Miss Irene Slater (1924) is doing floor duty in the Ford Hospital, Detroit.

Miss Ester Strachan (1922) has charge of the Obstetrical Department in the Royal Alexandra Hospital, Edmonton, Alta.

Following a bicycle tour through Belgium this summer, Miss Muriel Locke (1918) and Miss Phyllis Denne (1918) are doing private duty nursing in the American Hospital, Paris, France.

Miss Josephine Dickie (1923) is holidaying at her home in Campbellton, N.B., where she expects to remain until the New Year.

The reports of the student nurses who attended the Student Christian Movement conference held at Elgin House, Muskoka, during September, were given by Misses Esterbrook, Willoughby, McLean and Grainger at an informal party of the school held in the Nurses' Residence on October 24th. At the close Miss Gunn spoke for a few minutes on the importance of this work among students in hospitals. After this, the nurses joined in a sing-song and refreshments were served.

The graduates of the Toronto General Hospital have commissioned a well-known Canadian painter to paint a portrait of Miss M. A. Snively, who was for so many years Superintendent of the Training School of that institution. Miss Snively has been of outstanding importance not only in her own country, but also internationally. To the graduates of her time and to those of more recent years alike, the securing of this portrait is a labor of pride and love, and keen enthusiasm is being shown.

A very enjoyable party was given on Saturday, October 15th, from 4 to 6, in the Nurses' Residence, by the Alumnae of the Toronto General Hospital, in honor of Miss Snively's birthday. Miss Gunn and Miss Clara Brown, President of the Alumnae, received the guests, who ranged from tiny tots, Miss Snively's "grandchildren," to

the first member of Miss Snively's first class. Mrs. Aubin and Mrs. St. John poured tea. Miss Snively looked charming in a black lace gown with a corsage bouquet of pansies. A very interesting feature of the afternoon was the grandchildren's party. The Alumnae's birthday gift to Miss Snively was a davenport.

A very successful masquerade was held on the night of October 31st in the Nurses' Residence of the Toronto General Hospital. For some, the clock of time was set back many years and as children they enjoyed once more the lollipops of their childhood days. On others Father Time had laid his heavy hand, rheumatism and grey hairs taking a heavy toll. To all the evening was one of unremitting laughter and jollity.

The annual sale of patients' work, done under the direction of the Occupational Therapy Department of the Toronto General Hospital, was held in the Nurses' Residence on November 11th from 3 to 6. Lady Flavelle, Mrs. F. N. G. Starr, Mrs. Miller Lash and Mrs. Decker poured tea. It was regretted that Miss Des Brisay, the head of the department, had an emergency operation, which prevented her from being present. However, a splendid display of work had been arranged by Miss Des Brisay.

Victoria Hospital A.A., London

At the October meeting of the Alumnae Association Dr. W. J. Robertson, superintendent of the Ontario Hospital, gave an instructive address to the nurses. Miss Beatrice Smith read the report of the biennial meeting of the Canadian Nurses' Association. This report had been prepared by Miss Malloch. Miss Grace Fairley, the newly-appointed superintendent of the Victoria Hospital Training School, was the guest of honor at this meeting. A most pleasant hour was spent in welcoming Miss Fairley and a number of her staff nurses.

On October 15th the members of the Victoria Hospital Women's Auxiliary Board, the Hospital Trust, the Victoria Hospital Nurses' Alumnae and the War Memorial Children's Hospital committee were joint hosts and hostesses at a reception in honor of Miss Grace Fairley.

G.N.A. Kitchener and Waterloo

Miss Winterhalt, who has been engaged in private nursing for a number of years, has accepted the position of school nurse in charge of the Separate Schools in Kitchener.

Miss Maude Carter has resigned her position as industrial nurse at the Merchants' Rubber Factory and has taken a position as school nurse, having charge of two schools in the Danforth district, Toronto. Miss Carter will be greatly missed by her many friends in Kitchener.

A short time before the marriage of Miss Wunder, the members of the G.N.A. surprised her with a kitchen shower at her home. The bride-to-be was the recipient of many useful gifts and a pleasant time was spent by all.

Thunder Bay G.N.A.

On Saturday, November 1st, at the Nurses' Home, McKellar General Hospital, the Thunder Bay Graduate Nurses entertained at a charming tea. There was a delightful programme and the Hallowe'en decorations in the reception rooms, the work of the nurses in training, received the admiration of the guests. Further entertainment was offered by a pretty soothsayer, who busily plied her art during the afternoon. The financial result of the tea was sixty-seven dollars.

QUEBEC

Royal Victoria Hospital A.A.

Miss Olive Graham (R.V.H., 1923) has been appointed a charge nurse at the Royal Alexandra Hospital, Edmonton.

Miss Edith Karr (R.V.H., 1916) has accepted a position in Evanston Hospital, Evanston, Ill.

Miss Christine Murray (R.V.H., 1924) is taking a short course at McGill University, prior to accepting a position in the University Hospital, Madison, Wisconsin.

Miss Anne Slattery (R.V.H., 1920) has been appointed Lecturer in Public Health Nursing, School for Graduate Nurses, McGill University.

Miss Eleanor O'Neill (R.V.H., 1919) and Miss Marjorie Warren (R.V.H., 1917) are doing private nursing in New York.

Miss Lucy Beer (R.V.H., 1915) will have charge of a private floor in the Civic Hospital, at Ottawa, Ont.

Miss Eleanor MacKean (R.V.H., 1922) has been appointed Operating Room Supervisor at the General Hospital, Putnam, Conn.

Miss Pauline Ward (R.V.H., 1924) has been appointed head nurse in the Metabolism Department, R.V.H.

Miss Ruth Hooper (R.V.H., 1924) has recently returned to Montreal and is now Assistant Head Nurse in the Outdoor Department.

Miss Nellie Enwright, R.R.C., placed the wreath from the Overseas' Nurses' Club on the cenotaph which was unveiled by His Excellency Lord Byng of Vimy, in Montreal, on Armistice Day.

Women's Hospital, Montreal

The graduation of the Women's Hospital Training School took place in the Nurses' Home on October 1st.

The graduating class consisted of Miss Amy Robinson, of Gaspe, Que.; Miss G. M. Cairms, New York; Miss G. Laviolette, of Montreal; Miss N. Heaney, of Newfoundland; Miss Eva Pilon, of Vercheres, Que.

Dr. H. L. Reddy addressed the graduating class and presented the diplomas, after which they received their medals from the superintendent of nurses, Miss E. F. Trench, R.N.

Jeffery Hale's Hospital, A.A.

An enjoyable dinner was tendered to the Graduating Class of 1924 at the Chateau Frontenac on October 15th by the members of the Alumnae Association.

Miss Laura Sleeth (1921) has resigned her position on the staff of the Shawinigan General Hospital and is at home in Quebec doing private duty. She has been succeeded by Miss Mabel McRae (1921).

Miss I. S. Palmer (1922) has accepted a position as Assistant Superintendent at the Herman Kiefer Hospital, Detroit, Mich.

Miss Nellie McKie (1923) has resigned her position at the Crane Sanitorium, Rutland, Mass., and has accepted a position on the staff of the University Hospital, Edmonton, Alta.

Miss May Lunam (1921), staff nurse at the J.H.H., who recently underwent an operation for appendicitis, is on a month's leave of absence and is being relieved by Miss Bessie Adams (1924).

Miss Richardson (1924) has accepted the position of Dietitian on the staff of J.H.H.

A tea-cup shower for the "Alumnae" was held in the sitting room of the Nurses' Home, J.H.H., on Monday, October 6th, by members of the Association.

BIRTHS

MacLENNAN—On October 28th, at the Private Patients' Pavilion, T.G.H., to Dr. and Mrs. D. S. MacLennan (nee Winnifred Shortreed,1918), a daughter.

WHITE—At the Private Patients' Pavilion, T.G.H., to Mr. and Mrs. R. White (nee Irene Conlin, 1919), a son.

HANLEY—On November 7th, at the Private Patients' Pavilion, T.G.H., to Dr. and Mrs. T. Hanley (nee Margaret Simpson, 1921), a daughter.

MASON—On October 22nd, 1924, at Montreal, to Dr. and Mrs. Edward Mason (Loretto O'Reilly R.V.H., 1916), a son.

MacLEOD—On October 26th, 1924, to Mr. and Mrs. John MacLeod, (Myrtle Ross, R.V.H., 1916), a son.

MACTIER—On November 12th, 1924, at Montreal, to Mr. and Mrs. Stuart Mactier (Dorothy Martin, R.V.H., 1919), a son.

DONALDSON—On November 14th, 1924, at Montreal, to Mr. and Mrs. Donaldson (Gretta Revier, R.V.H., 1918), a son.

TIMBERLAKE—On November 4th, 1924, at Montreal, to Mr. and Mrs. Bowman Timberlake (Mary Robertson, R.V.H., 1919), a daughter.

HOWELL—On September 8th, 1924, at Moncton, N.B., to Mr. and Mrs. Norman Howell (Ellice Palliser, R.V.H., 1920), a son.

GREER—On October 6th, 1924, at Sioux Lookout, to Mr. and Mrs. G. P. Greer (Bessie Anderson, St. Joseph's G.H. 1919), a son.

GAVIL—On September 9th, at St. Alban's Hospital, to Mr. and Mrs. Harold Gavil (Marion Gardyne, J.H.H., 1921), a daughter.

HARRINGTON—At Harrington Harbour, Labrador, to the Rev. and Mrs. Harrington (Lillian Jones, J.H.H., 1920), a son.

TEAKLE—On October 3rd, at Jeffery Hale's Hospital, Quebec, to Mr. and Mrs. Lennox Teakle (Margaret Wilson, J.H.H., 1919), a son.

MARRIAGES

COO—DUDLEY—On November 10th, at Holy Trinity Church, Toronto, Madeline Dudley (T.G.H., 1923) to Cecil Coo, of Toronto, Ont.

KIESWETTER—WUNDER—On November 6th, 1924, at Kitchener, Ont., Marie Wunder (K. and W. Hospital, 1915), to Lee Kieswetter, of Kitchener.

MacKAY—MINER—On Saturday, September 6th, 1924, at Port Chester, New York, Dora Kaireen MacKay (R.V.H., 1914), to Frank Willis Miner.

FREEZE—COOTE—On September 16th, 1924, at Chicago, Vivien Freeze, (R.V.H., 1920), to Frank Coote, M.D., of Chicago, formerly of Quebec.

REID—SHAW—On September 18th, 1924, at Hearst, Ontario, Mary ("Mamie") Reid (North Bay G.H., 1923), to R. U. Shaw, of Woodstock, N.B.

MORROW—BROOKES—On Friday, October 10th, 1924, at Victoria, B.C., by the Rev. Dr. G. W. Wilson, Nursing Sister Alberta Jane Brookes (T.G.H.) to Murdock Arthur Morrow, of Winnipeg, Man. Mr. and Mrs. Morrow served overseas. They are residing at "Wayside," R.M.D.I., Victoria, B.C.

WESTCOTT—MARTIN—On October 11th, 1924, at St. Augustine, Florida, Mary L. Westcott (R.V.H., 1922), to Mr. Nelson Martin. At home in Havana, Cuba.

LOGAN—EAGER—On September 16th, 1924, at Marysville, N.B., Frances Willard Logan (R.V.H., 1922), to Richard Eager, M.D., of Ottawa. At home in Harmony, Maine.

SWIFT—BOWDEN—On June 9th, 1924. at Montreal, Dorothy H. Bowden (J.H.H., 1922), to Eric Swift.

GRIFFON — CHARTERS — On October 15th, 1924, at Fredericton, N.B., Doris A. Charters (J.H.H., 1919), to Reginald Griffon, of New Haven, Conn.

QUESTION AND ANSWER PAGE

The suggestion has been made that "The Canadian Nurse" conduct a page for Questions and Answers. At the last meeting of the Executive Committee, Canadian Nurses' Association, the members decided that such a page would be reserved for this purpose in the future. Therefore, our readers are notified that questions relative to nursing, for which they wish answers, may be sent to the office of the magazine, 609 Boyd Building, Winnipeg, Man.

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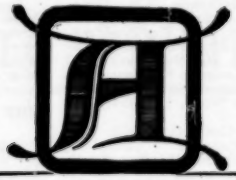

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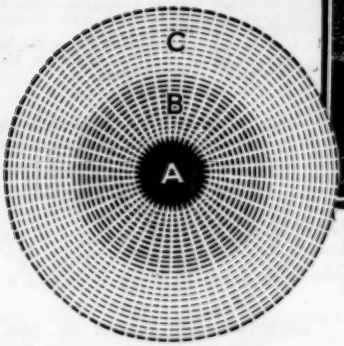

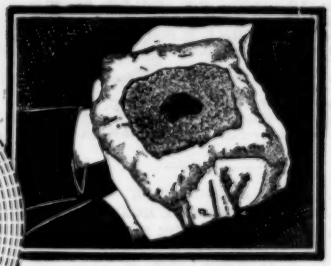

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